

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

ADDRESS (number and street) ▼

317 Massachusetts Ave., N.E.

1st Floor

☐ Check if different than previously reported. (ACC)

Washington

DC

20002

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00343137

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

11

04

2014

in the State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William J. Robb III, MD

Signature of Treasurer

William J. Robb III, MD

[Electronically Filed]

Date

10

17

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">977438.67</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">902365.84</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">69511.00</span>	<span style="border: 1px solid black; padding: 2px;">1243983.02</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">971876.84</span>	<span style="border: 1px solid black; padding: 2px;">2221421.69</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">8931.29</span>	<span style="border: 1px solid black; padding: 2px;">1258476.14</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">962945.55</span>	<span style="border: 1px solid black; padding: 2px;">962945.55</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 01 2014

To:

M M / D D / Y Y Y Y  
10 15 2014

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62661.00	1076371.00
(ii) Unitemized .....	6850.00	119390.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	69511.00	1195761.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	69511.00	1195761.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	15896.72
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	32250.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	74.97
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	69511.00	1243983.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	69511.00	1243983.02

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1431.29	17531.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1431.29	17531.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	1028250.00
24. Independent Expenditures (use Schedule E) .....	0.00	207344.82
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	5350.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8931.29	1258476.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8931.29	1258476.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	69511.00	1195761.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	69511.00	1195761.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1431.29	17531.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	15896.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1431.29	1634.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Gregory Mark Neely MD**

Mailing Address 3105 West Old Yankton Road

City State Zip Code  
 Sioux Falls SD 57108-5061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2014

**Transaction ID : 6462064**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Scott Edward Porter MD**

Mailing Address Dept of Ortho, Acad Serv  
 701 Grove Rd 2nd Fl Suprt Twr

City State Zip Code  
 Greenville SC 29605-4210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Greenville Hospital System

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 03 2014

**Transaction ID : 6466604**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

## **C. Richard E Grant MD**

Mailing Address 5 Bayberry Circle

City State Zip Code  
 Ambler PA 19002-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2014

**Transaction ID : 6468360**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

484.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<b>A. John Charles Kofoed MD</b> Full Name (Last, First, Middle Initial) Mailing Address 2619 Seminole Ct City Fairfield State CA Zip Code 94534-7871 FEC ID number of contributing federal political committee. C Name of Employer Sutter Medical Group Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 748.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014 <b>Transaction ID : 6468361</b> Amount of Each Receipt this Period 84.00
<b>B. Richard E Grant MD</b> Full Name (Last, First, Middle Initial) Mailing Address 5 Bayberry Circle City Ambler State PA Zip Code 19002-1145 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014 <b>Transaction ID : 6468362</b> Amount of Each Receipt this Period 150.00
<b>C. Sean Thomas Burns MD</b> Full Name (Last, First, Middle Initial) Mailing Address 28 Dwinell Drive City Concord State NH Zip Code 03301-2521 FEC ID number of contributing federal political committee. C Name of Employer Concord Orthopaedics, P.A. Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 01 / 2014 <b>Transaction ID : 6468366</b> Amount of Each Receipt this Period 250.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			484.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Troy D Pierce MD</b></p> <p>Mailing Address 4012 Edgewater PI SE</p> <p>City Mandan State ND Zip Code 58554</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 01 / 2014</p> <p><b>Transaction ID : 6468367</b></p> <p>Amount of Each Receipt this Period  250.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Austin Thomas Fragomen MD</b></p> <p>Mailing Address 48-25 64th St</p> <p>City Woodside State NY Zip Code 11377</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Hospital for Special Surgery Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1000.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 01 / 2014</p> <p><b>Transaction ID : 6468371</b></p> <p>Amount of Each Receipt this Period  500.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>c. Anthony J Adrignolo III, MD</b></p> <p>Mailing Address 24965 Rivermere Dr</p> <p>City Eden State MD Zip Code 21822</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Pennisula Orthopaedic Associates Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  550.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 01 / 2014</p> <p><b>Transaction ID : 6468373</b></p> <p>Amount of Each Receipt this Period  200.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>950.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. C Daniel Smith DO**

Mailing Address 2501 Gene Field Rd

City

Saint Joseph

State

MO

Zip Code

64506-1613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Ortho & Sports Medicine Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : 6468374

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David W Graybill MD**

Mailing Address 6309 S Hunters Run

City

Pendleton

State

IN

Zip Code

46064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Indiana Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 01 / 2014

Transaction ID : 6468403

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kenneth Haller DO**

Mailing Address 4001 North Lancaster

City

Muncie

State

IN

Zip Code

47304-1355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Indiana Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 01 / 2014

Transaction ID : 6468404

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Steven Arthur Herbst MD**

Mailing Address 8620 S County Rd 560 E

City State Zip Code  
Selma IN 47383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Indiana Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2014

**Transaction ID : 6468405**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeremiah Hunt MD**

Mailing Address 1031 East Royerton Rd

City State Zip Code  
Muncie IN 47303-9439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Indiana Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2014

**Transaction ID : 6468407**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jared Jones MD**

Mailing Address 4848 West 8th St

City State Zip Code  
Anderson IN 46011-9189

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Indiana Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2014

**Transaction ID : 6468408**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 56  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Marshall L Trusler MD**

Mailing Address 7832 E. 126th Street

City State Zip Code  
Fishers IN 46038-2705

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Central Indiana Orthopedics Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2014

**Transaction ID : 6468409**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Scott W Walker MD**

Mailing Address 7104 W St Andrews Ave

City State Zip Code  
Yorktown IN 47396

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2014

**Transaction ID : 6468410**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Scott L Rosenzweig MD**

Mailing Address 528 Palisades Dr Ste 516

City State Zip Code  
Pacific Palisades CA 90272

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 03 2014

**Transaction ID : 6468432**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Raymond J Stefanich MD**

Mailing Address 27 Sheffield Court

City State Zip Code  
Victor NY 14564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2014

**Transaction ID : 6468437**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Brett L Wasserlauf MD**

Mailing Address 18 Far Hills Drive

City State Zip Code  
Avon CT 06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Connecticut Medical Associates

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 04 / 2014

**Transaction ID : 6468439**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. David J Mansfield MD**

Mailing Address 5550 Cory Dr

City State Zip Code  
El Paso TX 79932-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

El Paso Orthopaedic Surg Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 05 / 2014

**Transaction ID : 6468831**

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2085.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Neal D Lintecum MD**

Mailing Address 789 N 1500 Rd

City State Zip Code  
Lawrence KS 66049-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Kansas

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 05 2014

**Transaction ID : 6468832**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Anthony J Shaia MD**

Mailing Address 11413 Barrington Bridge Ct

City State Zip Code  
Richmond VA 23233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoVirginia

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 05 2014

**Transaction ID : 6468836**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Wen Shen MD**

Mailing Address 33 Pond Hills Ct

City State Zip Code  
Pleasant Valley NY 12569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Assoc of Dutchess County

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 05 2014

**Transaction ID : 6468901**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Chad A Krueger MD**

Mailing Address 14827 Forward Pass

City

San Antonio

State

TX

Zip Code

78248-0974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Army

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 6469979**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Patrick T McCulloch MD**

Mailing Address 12 Caley Drive

City

Canonsburg

State

PA

Zip Code

15317-5990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Orthopaedics & Rehabilitation

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 6469980**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**C. Stuart H Hershman MD**

Mailing Address 411 N New River Dr E Apt 2303

City

Ft Lauderdale

State

FL

Zip Code

33301-8121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Spine Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 6469997**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

364.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Daniel Lister MD**

Mailing Address 1201 3rd Ave NE  
Unit #C 305

City Aberdeen State SD Zip Code 57401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACMC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : 6478924

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Steven F Schutzer MD**

Mailing Address 499 Farmington Ave Suite 200

City Farmington State CT Zip Code 06032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Associates of Hartford

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 07 / 2014

Transaction ID : 6478928

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Michael H Handy MD**

Mailing Address 109 Staunton Dr

City Greensboro State NC Zip Code 27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Trauma Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 07 / 2014

Transaction ID : 6481383

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Murray J Goodman MD</b></p> <p>Mailing Address 100 Highland Ave Suite 101</p> <p>City Salem State MA Zip Code 01970</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Salem Orthopedic Surgeons, Inc Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 10 / 08 / 2014</p> <p><b>Transaction ID : 6481386</b></p> <p>Amount of Each Receipt this Period 300.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Todd J Albert MD</b></p> <p>Mailing Address Hospital for Special Surgery 535 E 70th St Rm 836W</p> <p>City New York State NY Zip Code 10021-4823</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Hospital for Special Surgery Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014</p> <p><b>Transaction ID : 6481669</b></p> <p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Timothy J Juelson MD</b></p> <p>Mailing Address 3512 Roosevelt Dr</p> <p>City Bismarck State ND Zip Code 58503-5853</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Orthopaedic Surgeon</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 10 / 01 / 2014</p> <p><b>Transaction ID : 6481671</b></p> <p>Amount of Each Receipt this Period 250.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		1550.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Rodolfo E Lawson MD**

Mailing Address 7431 Monaco St

City

Coral Gables

State

FL

Zip Code

33143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : 6481693**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bradley B Veazey MD**

Mailing Address 7701 London Court

City

Amarillo

State

TX

Zip Code

79119-4997

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Amarillo Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : 6481694**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Anthony F Pachelli MD**

Mailing Address 11200 San Rafael Ave N E

City

Albuquerque

State

NM

Zip Code

87122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Mexico Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : 6481696**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial) <b>A. Shervondalonn R Brown MD</b></p> <p>Mailing Address 1516 Winterberry Dr</p> <p>City Murfreesboro State TN Zip Code 37130</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Tennessee Orthopaedic Alliance Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            10 / 02 / 2014  <b>Transaction ID : 6481699</b> </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. Ciro Cirrincione MD</b></p> <p>Mailing Address 19 S Meadow Ct</p> <p>City South Barrington State IL Zip Code 60010</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Barrington Orthopaedics Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            10 / 02 / 2014  <b>Transaction ID : 6481700</b> </p> <p>Amount of Each Receipt this Period 500.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. Jeffrey B Mulholland MD</b></p> <p>Mailing Address 323 Pine Rd</p> <p>City Sewickley State PA Zip Code 15143</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Greater Pittsburgh Orthopaedics Occupation Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 750.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            10 / 02 / 2014  <b>Transaction ID : 6481703</b> </p> <p>Amount of Each Receipt this Period 750.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1750.00	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Akbar Aly Hussaini MD</b></p> <p>Mailing Address 3604 Balcones Drive</p> <p>City State Zip Code  Austin TX 78731-5804</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Seton Medical Group Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 02 / 2014</p> <p><b>Transaction ID : 6481704</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. Thomas Richard Duquin MD</b></p> <p>Mailing Address 271 Reist St</p> <p>City State Zip Code  Williamsville NY 14221-5341</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  University Orthopaedics and Sports Med Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 02 / 2014</p> <p><b>Transaction ID : 6481705</b></p> <p>Amount of Each Receipt this Period  250.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>c. Howard L Berg MD</b></p> <p>Mailing Address 7900 Bennington Dr</p> <p>City State Zip Code  Amarillo TX 79119</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  Self Employed Orthopaedic Surgeon</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  350.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 02 / 2014</p> <p><b>Transaction ID : 6481706</b></p> <p>Amount of Each Receipt this Period  100.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>600.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Paul R Gregory MD**

Mailing Address 4627 King Ranch Place

City State Zip Code  
 Granite Bay CA 95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 02 / 2014

Transaction ID : 6481711

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Seth Rosenzweig MD**

Mailing Address 500 N Lewis Ste 280

City State Zip Code  
 New Iberia LA 70563

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Legacy Medical Group

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 02 / 2014

Transaction ID : 6481712

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Alvin Peter Mok MD**

Mailing Address 1032 W Washington Ave

City State Zip Code  
 Sunnyvale CA 94086-5835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

TPMG

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2014

Transaction ID : 6481713

Amount of Each Receipt this Period

250.00

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875.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Anthony V Petrosini MD**

Mailing Address 310 Passaic Ave

City

Spring Lake

State

NJ

Zip Code

07762-1341

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 02 / 2014

Transaction ID : 6481718

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert H Bell MD**

Mailing Address 2669 Walnut Ridge Rd

City

Akron

State

OH

Zip Code

44333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crystal Clinic Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 02 / 2014

Transaction ID : 6481719

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Justin J Park MD**

Mailing Address 7128 Collingwood Ct

City

Elkridge

State

MD

Zip Code

21075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Area Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2014

Transaction ID : 6498556

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Paul Strawn Sherbondy MD**

Mailing Address 507 Beaumont Drive

City

State

Zip Code

State College

PA

16801-8311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Penn State Hershey

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : 6498813**

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Russell A Wagner MD**

Mailing Address 4059 Riveridge Ct

City

State

Zip Code

Fort Worth

TX

76109-4620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of North Texas

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : 6498814**

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Kenneth A Ego MD**

Mailing Address 301 E 17th St Ste 1402

City

State

Zip Code

New York

NY

10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NYU School of Medicine

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

**Transaction ID : 6500686**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

294.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Lee M Schmidt MD**

Mailing Address 8 Broadmeade Ct

City

Cockeysville

State

MD

Zip Code

21030-1435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : 6500688

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Gregory A Mencia MD**

Mailing Address 906 Riverbend Rd

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : 6500689

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Timothy Sean Kavanaugh MD**

Mailing Address 16850 Briarcliff Ridge Circle

City

Anchorage

State

AK

Zip Code

99516-5430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Orthopedic Physicians Anchorage

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : 6500690

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Michael Wynn Johnson MD**

Mailing Address 51 Wanderwood Way

City  
Sandy

State  
UT

Zip Code  
84092-4854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Intermountain Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2014

Transaction ID : 6500691

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David W Romness MD**

Mailing Address Commonwealth Orthopaedics  
1635 N George Mason Dr Ste 310

City  
Arlington

State  
VA

Zip Code  
22205-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Commonwealth Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : 6500692

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey A Greenberg MD**

Mailing Address 8501 Harcourt Rd

City  
Indianapolis

State  
IN

Zip Code  
46280-0434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Hand & Shoulder Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 08 / 2014

Transaction ID : 6500699

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. William Lamont Bargar MD**

Mailing Address 1020 29th St Ste 450

City

Sacramento

State

CA

Zip Code

95816-5125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500700**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Tal S David MD**

Mailing Address 5165 Rancho Quinta Bend

City

San Diego

State

CA

Zip Code

92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500701**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. William A Paton MD**

Mailing Address 4036 Vance Dr

City

Anchorage

State

AK

Zip Code

99508-5643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Banner Health

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500702**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Louis Charles Rose MD**

Mailing Address Throgs Neck Multicare, P.C.  
3058 E Tremont Ave

City State Zip Code  
Bronx NY 10461-5726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500705**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Nirmal C Tejawani MD**

Mailing Address 84 Northwood Ave

City State Zip Code  
Demarest NJ 07627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

NYU Medical Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500706**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard Zapanta MD**

Mailing Address 5830 Beverly Hills Drive

City State Zip Code  
Whittier CA 90601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500707**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

## **A. Gary S Simon MD**

Mailing Address 150 Helmsley Dr NW

City State Zip Code  
 Atlanta GA 30327-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Resurgens Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2014

Transaction ID : 6500708

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Pamela F Davis MD**

Mailing Address 5055 School House Road

City State Zip Code  
 Bettendorf IA 52722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2014

Transaction ID : 6500709

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Gregory Neal Lervick MD**

Mailing Address 4601 Lake Harriet Pkwy East

City State Zip Code  
 Minneapolis MN 55419-5265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Twin Cities Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2014

Transaction ID : 6500712

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Patrick M Collalto MD**

Mailing Address 6 Sand Hill Rd Ste 102

City State Zip Code  
Flemington NJ 08822-4946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500713**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John P Sheehan MD**

Mailing Address 6621 Cuming St

City State Zip Code  
Omaha NE 68132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Boys Town Hospital

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500714**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Robert K Henrichsen MD**

Mailing Address 13000 Big Sky Pl  
Gate Code #7548

City State Zip Code  
Auburn CA 95602-9151

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6500715**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Steven Douglas K Ross MD**

Mailing Address 555 Wildhorse

City

Orange

State

CA

Zip Code

92869-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of California

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6501555**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Steven Brent Smith MD**

Mailing Address 8811 N Sycamore Ave

City

Kansas City

State

MO

Zip Code

64157-6223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northland Bone & Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 6504048**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark T Wichman MD**

Mailing Address 4414 W River Willows Ct

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aurora Advanced Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2014

**Transaction ID : 6504066**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Eric Louis Smith MD**

Mailing Address 1573 Beacon St

City

Waban

State

MA

Zip Code

02468-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

452.00

Date of Receipt

10 / 13 / 2014

Transaction ID : 6504204

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Scott A Smith MD**

Mailing Address 4700 Seton Center Pkwy  
Suite 200

City

Austin

State

TX

Zip Code

78759-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Orthopaedic Sports & Reh

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2014

Transaction ID : 6504719

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey V Dermksian MD**

Mailing Address 1790 Broadway  
10th Floor

City

New York

State

NY

Zip Code

10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverside Orthopaedics & Sports

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 10 / 2014

Transaction ID : 6504726

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1084.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. David D Bullek MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 10 / 2014  <b>Transaction ID : 6504727</b></p>		
<p>Mailing Address 769 Kimball Avenue</p>			<p>Amount of Each Receipt this Period  1000.00</p>		
City Westfield	State NJ	Zip Code 07090			
FEC ID number of contributing federal political committee. C					
Name of Employer Summit Medical Group		Occupation Orthopaedic Surgeon			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. James F Johnson MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 10 / 2014  <b>Transaction ID : 6504728</b></p>		
<p>Mailing Address 246 Prairiewood Dr</p>			<p>Amount of Each Receipt this Period  300.00</p>		
City Fargo	State ND	Zip Code 58103-4613			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Orthopaedic Surgeon			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  300.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Paul J Juliano MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 10 / 2014  <b>Transaction ID : 6504730</b></p>		
<p>Mailing Address 30 Hope Dr EC089  P.O. Box 859</p>			<p>Amount of Each Receipt this Period  100.00</p>		
City Hershey	State PA	Zip Code 17033-2036			
FEC ID number of contributing federal political committee. C					
Name of Employer Penn State Univ Medical Ctr		Occupation Orthopaedic Surgeon			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  300.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			1400.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Stanley Robert Askin MD**

Mailing Address 2 Surrey Rd

City

Elkins Park

State

PA

Zip Code

19027-2928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

**Transaction ID : 6504737**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Scott Morgan MD, MBA**

Mailing Address USASOC Surgeon's Office

City

Fort Bragg

State

NC

Zip Code

28310-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

U.S. Army

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

**Transaction ID : 6504740**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Charles E Silberstein MD**

Mailing Address Unit 1414

111 Hamlet Hill Rd

City

Baltimore

State

MD

Zip Code

21210-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kennedy Krieger Institute

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

**Transaction ID : 6504746**

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

425.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

<p>Full Name (Last, First, Middle Initial)  <b>A. Donald A Dinwoodie MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 10 / 2014  <b>Transaction ID : 6504752</b></p>		
<p>Mailing Address 1254 Irvine Blvd Ste 230</p>			<p>Amount of Each Receipt this Period  250.00</p>		
<p>City Tustin</p>	<p>State CA</p>	<p>Zip Code 92780</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Self Employed</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  250.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. Kent A Reinker MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 10 / 2014  <b>Transaction ID : 6504753</b></p>		
<p>Mailing Address 928 Hukulani Street</p>			<p>Amount of Each Receipt this Period  300.00</p>		
<p>City Honolulu</p>	<p>State HI</p>	<p>Zip Code 96825</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Retired</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  600.00</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. Wayne Anthony Colizza MD</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  10 / 10 / 2014  <b>Transaction ID : 6504754</b></p>		
<p>Mailing Address 3 Hillside Ct East</p>			<p>Amount of Each Receipt this Period  500.00</p>		
<p>City Morris Plains</p>	<p>State NJ</p>	<p>Zip Code 07950-2007</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer Tri-County Orthopaedics</p>		<p>Occupation Orthopaedic Surgeon</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  1000.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>1050.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Cary B Chapman MD**

Mailing Address 1534 Victory Blvd

City

Staten Island

State

NY

Zip Code

10314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 6504755**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Philip William Mack MD**

Mailing Address 6 Ericka Circle

City

East Longmeadow

State

MA

Zip Code

01028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connecticut Children's Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 6504762**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. William Landess Bourland MD**

Mailing Address 6286 Briarcrest Ave Fl 2

City

Memphis

State

TN

Zip Code

38120-4023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Memphis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : 6504763**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Paul T Murphy MD**

Mailing Address 7981 9th Avenue South

City

Saint Petersburg

State

FL

Zip Code

33707-2732

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bay Pines Veterans Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504764**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. O Winston Cameron MD**

Mailing Address 536 Courtfield Ave

City

Winchester

State

VA

Zip Code

22601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504765**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Matthew Alexander Handling MD**

Mailing Address 102 Somerset Rd

City

Wilmington

State

DE

Zip Code

19803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

First State Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504769**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Sharon L Hame MD**

Mailing Address 12324 Addison St.

City State Zip Code  
Valley Village CA 91607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UCLA Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504770**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John D Kelly IV, MD**

Mailing Address 3210 Saw Mill Rd

City State Zip Code  
Newtown Square PA 19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504771**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Steven D Glassman MD**

Mailing Address 12345 Osage Road

City State Zip Code  
Louisville KY 40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norton Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 03 / 2014

**Transaction ID : 6504791**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Mary Haus MD**

Mailing Address 4050 Briarwood Dr

City

Jeannette

State

PA

Zip Code

15644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Valley Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : 6504792**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. David J Kolessar MD**

Mailing Address 950 Timbergrove Rd

City

Shavertown

State

PA

Zip Code

18708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geisinger Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : 6504793**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Lawrence J Iwersen MD**

Mailing Address 540 Robocker Ln

City

Kalispell

State

MT

Zip Code

59901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : 6504795**

Amount of Each Receipt this Period

188.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1188.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Hal J McCutchan MD**

Mailing Address 14221 92nd St SE

City State Zip Code  
 Snohomish WA 98290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : 6504798**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Scott A Meyer MD**

Mailing Address 1401 S 42nd St

City State Zip Code  
 West Des Moines IA 50265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Iowa Orthopaedic Center

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : 6504799**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Frank B Norberg MD**

Mailing Address 7626 S Bay Dr

City State Zip Code  
 Minneapolis MN 55438-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Twin Cities Orthopaedics

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 03 / 2014

**Transaction ID : 6504800**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Roger P Jackson MD**

Mailing Address 4706 W 86th Street

City

Prairie Village

State

KS

Zip Code

66207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : 6504802**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Richard E Grant MD**

Mailing Address 5 Bayberry Circle

City

Ambler

State

PA

Zip Code

19002-1145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2014

**Transaction ID : 6504804**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. G Brian Holloway MD**

Mailing Address 8956 Hemingway Grove Circle

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Knoxville Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : 6504808**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Marc D Connell MD**

Mailing Address 4900 Jamestown Rd

City  
Bethesda

State  
MD

Zip Code  
20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 6504811**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dudley S Burwell MD**

Mailing Address 2781 C T Switzer Sr Dr  
Ste 402

City  
Biloxi

State  
MS

Zip Code  
39531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Orthopedic Centers

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : 6504814**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Samuel Secord Wellman MD**

Mailing Address 1614 Pinecrest Rd.

City  
Durham

State  
NC

Zip Code  
27705-5832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Duke Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2014

**Transaction ID : 6504818**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Robert V Knowlan MD**

Mailing Address 2266 Morgan Ave N

City

West Lakeland

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St Croix Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6504820**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Paul J Slosar Jr, MD**

Mailing Address 510 Hurlingham Ave

City

San Mateo

State

CA

Zip Code

94402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spine Care

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6504821**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Tomasz W Borowiecki MD**

Mailing Address 49 Linden Ln

City

Springfield

State

IL

Zip Code

62712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Springfield Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2014

**Transaction ID : 6504822**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

900.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Mark David Earl MD**

Mailing Address 3503 Golf View Rd

City	State	Zip Code
Wausau	WI	54403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Marshfield Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : 6504824**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William J Krywicki MD**

Mailing Address 40 Pinecone Lane

City	State	Zip Code
Shavertown	PA	18708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Geisinger Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : 6504827**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Charles C Craig MD**

Mailing Address 3 Hawthorne Court

City	State	Zip Code
Newton	KS	67114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton Medical Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : 6504831**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Edwin P Su MD**

Mailing Address 535 East 70th Street

City  
New YorkState Zip Code  
NY 10021FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hospital for Special Surgery

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

**Transaction ID : 6504832**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David John Cowin MD**

Mailing Address 1571 Oneco Ave

City  
Winter ParkState Zip Code  
FL 32789-1635FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ortho Assoc of Osceola

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

**Transaction ID : 6504834**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey B Burnette MD**

Mailing Address 3064 Cypress Creek Drive North

City  
Ponte VedraState Zip Code  
FL 32082-3020FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		08		2014

**Transaction ID : 6504839**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 44 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Patrick E Clare MD**

Mailing Address 575 S 70th St Ste 200

City  
LincolnState  
NEZip Code  
68510-2471FEC ID number of contributing  
federal political committee.

C

Name of Employer

NE Orthopaedic &amp; Sports Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

**Transaction ID : 6504848**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ryan Carter Cassidy MD**

Mailing Address 4890 Faulkirk Ln

City  
LexingtonState  
KYZip Code  
40515FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Kentucky Healthcare

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

**Transaction ID : 6504851**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Robert S Sterling MD**

Mailing Address 5 Stream Valley Garth

City  
Owings MillsState  
MDZip Code  
21201FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins University

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

**Transaction ID : 6504853**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1500.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Jeffrey L Zilberfarb MD**

Mailing Address 1 Rollins Pl

City  
Boston

State  
MA

Zip Code  
02114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meeks & Zilberfarb Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504855**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Nicholas P Grosso MD**

Mailing Address 10113 Lakeside Ct

City

Ellicott City

State

MD

Zip Code

21042-6340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504856**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert Allen Mileski MD**

Mailing Address 8555 E Voltaire

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Phoenix Orthopedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504857**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. James Lee Knavel MD**

Mailing Address 352 Peller Rd

City

Lake Geneva

State

WI

Zip Code

53147-4543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health Systems

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504860**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jerome Kolavo MD**

Mailing Address 27650 Ferry Rd Ste 100

City

Warrenville

State

IL

Zip Code

60555-3846

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cadence Physician Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504864**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Robert J Bielski MD**

Mailing Address 4135 Grove Avenue

City

Western Springs

State

IL

Zip Code

60558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Chicago

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 10 / 2014

**Transaction ID : 6504865**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Todd A Schmidt MD**

Mailing Address 2865 Lake Park Drive

City

Jonesboro

State

GA

Zip Code

30236-4133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Orthopaedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6506984

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Ronald W B Wyatt MD**

Mailing Address 533 Carleton Way

City

Alamo

State

CA

Zip Code

94507-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6506985

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. David R Chandler MD**

Mailing Address 165 Middle Plantation Ln

City

Gulf Breeze

State

FL

Zip Code

32561-4899

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6506986

Amount of Each Receipt this Period

85.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

269.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 48 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Thomas B Fleeter MD**

Mailing Address 1860 Town Ctr Dr Ste 300

City State Zip Code  
 Reston VA 20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Town Center Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 6510254**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Peter O Newton MD**

Mailing Address 3030 Children's Way Ste 410

City State Zip Code  
 San Diego CA 92123-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSSD

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 6510408**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael R Schuck MD**

Mailing Address 10061 Oak Springs Trail

City State Zip Code  
 Franktown CO 80116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : 6510409**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 49 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Benjamin E Bierbaum MD**

Mailing Address 54 Fernwood Rd

City

Chestnut Hill

State

MA

Zip Code

02467-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : 6510411**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Frederick Suh Song MD**

Mailing Address 7 Beechtree Ln

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Princeton Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : 6510412**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Craig Hunter Lovett MD**

Mailing Address 585 Stanislaus St Ste A

City

Angels Camp

State

CA

Zip Code

95221-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : 6510414**

Amount of Each Receipt this Period

259.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2259.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Kenneth Ortega DO**

Mailing Address 1903 Sunset Ave

City

Utica

State

NY

Zip Code

13502-5617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Adirondack Community Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : 6513589**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James D Capozzi MD**

Mailing Address 14 Meadow Ln

City

East Williston

State

NY

Zip Code

11596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winthrop University Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : 6513590**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Evan Margolis MD**

Mailing Address 2862 Shoshone Trail

City

Lafayette

State

CO

Zip Code

80026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : 6513591**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Steven Gammon MD**

Mailing Address 2006 Bison Court

City

Grand Junction

State

CO

Zip Code

81507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rocky Mountain Orthopaedics Assoc

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. William Scott Bowen MD**

Mailing Address 5 St Vincent Cir Ste 100

City

Little Rock

State

AR

Zip Code

72205-5412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OrthoSurgeons

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513593

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Stephen F Conti MD**

Mailing Address 1704 Chestnut Ct

City

Sewickley

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allegheny General Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513594

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Lloyd G Cox II, MD**

Mailing Address 41505 Knight Rd

City

Leonardtown

State

MD

Zip Code

20650-2226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Center for Advanced Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513595

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Robert S Schaefer MD**

Mailing Address 9644 W P Ave

City

Kalamazoo

State

MI

Zip Code

49009-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513597

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Thomas P McKenzie MD**

Mailing Address 1209 Rivergate Dr

City

Lodi

State

CA

Zip Code

95240-0547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lodi Orthopaedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513598

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Richard J Kearns MD**

Mailing Address 8714 Stable Crest Blvd

City

Houston

State

TX

Zip Code

77024-7031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513599

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. James Wesley Larson III, MD**

Mailing Address 119 St Andrews Ct

City

Winchester

State

VA

Zip Code

22602-2387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513600

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. David J Bozentka MD**

Mailing Address 119 W Rose Valley Rd

City

Wallingford

State

PA

Zip Code

19086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Pennsylvania Health System

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

Transaction ID : 6513602

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

62661.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

**Transaction ID : 6471356**

Amount of Each Disbursement this Period

178.36
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 6471357**

Amount of Each Disbursement this Period

491.52
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**C. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 6471358**

Amount of Each Disbursement this Period

607.19
--------

Bank fees deducted from account

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1277.07

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Northern Trust Company**

Mailing Address 50 S La Salle St

City	State	Zip Code
Chicago	IL	60603

Purpose of Disbursement  
Bank fees deducted from account

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		14		2014

**Transaction ID : 6511719**

Amount of Each Disbursement this Period

154.22
--------

Bank fees deducted from account

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

154.22
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1431.29
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Political Action Committee of the American Association of Orthopaedic Surgeons--PAC of AAOS**

Full Name (Last, First, Middle Initial)

**A. Castor for Congress**

Mailing Address 301 W Platt Street, #385

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Kathy Castor**
 Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : 6466754**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Mark Desaulnier for Congress**

Mailing Address 5429 Madison Avenue

City Sacramento	State CA	Zip Code 95841
--------------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Mark Desaulnier**
 Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2014

**Transaction ID : 6500724**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Buck for Colorado**

Mailing Address P.O. Box 338018

City Greeley	State CO	Zip Code 80633
-----------------	-------------	-------------------

Purpose of Disbursement

011

Candidate Name

**Kenneth Buck**
 Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : 6510547**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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7500.00
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